FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

21-4/217

OMB APPROVAL

OMB Number:

Expires:

Estimated average burden hours per form

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

Name of Offering (check if the Surfside Funding Corporation)	s is an amendment and name har- - Loan No. 1502AM	as changed, and	indicate chang	ge.)		
Filing Under (Check box(es) that		☐ Rule 505	X Rule 506	☐ Section 4(6)	□ ULOE	
Type of Filing: X New Filing	g			REC	D S.E.C.	
	A. BASIC IDEN	TIFICATION	DATA	Ĵ		
1. Enter the information requeste	d about the issuer			050	0 0 0000	
Name of Issuer (check if this is an Surfside Funding Corporation	amendment and name has changed,	and indicate char	nge.)	SEP	2 6 2002	
Address of Executive Offices	(Number and Street, City, St	tate, Zip Code	Telephone Nun	nber (Including Area	Code) 1086	
1101 Dove Street, Suite 170, No	wport Beach, California 9266	0	(949) 797-010			2
Address of Principal Business Operat	ions (Number and Street, City, State	e, Zip Code)	Telephone Nur	nber (Including Area	a Code)(if different	from
Executive Offices)	I. D. J. C. 110 J. 00.00					
1101 Dove Street, Suite 170, Ne	wport Beach, California 9266	.0				
Brief Description of Business Origination, funding, and servi	aina of now and ovicting lange	sooned by ma	-1			
Type of Business Organization	ang of new and existing loans	secured by re	al property			
X corporation	☐ limited partnership, a	Iready formed		☐ other (please	o specify):	
☐ business trust	☐ limited partnership, to			Li Other (preas	e specify).	1000
D Odsiness trust	in minea partnersing, to	Month Yea			- PHU	よこう
Actual or Estimated Date of Inco	magatian as Oscanization, 08	94 X Act	*		/	
				Estimated		0 1 2002
Surisdiction of Incorporation or C					1	
	CN for Canada: I	riv for other for	eign jurisaicu	on)	TH0	MSON
GENERAL INSTRUCTIONS Who Must File: All issuers making: or 15 U.S.C. 77d(6).					, 17 CFR 230.501 e	
When to File: A notice must be file Securities and Exchange Commission address after the date on which it is	on (SEC) on the earlier of the dat due, on the date it was mailed by	trst sale of secur te it is received t United States re	of the SEC at the gistered or certif	e address given beli e amail to that add	emed flied with the ow or, if received a ress.	it that
Where to File: U.S. Securities and	Exchange Commission, 450 Fifth	Street, NW, Wa	shington, D.C.	20549.		
Copies Required: Five (5) copies or must be photocopies of the manual	this notice must be filed with the sy signed copy or bear typed or prin	SEC, one of which need signatures.	ch must be manu	nally signed. Any co	pies not manually s	igned
Information Required: A new filing changes thereto, the information require Appendix need not be filed with	g must contain all information requuested in Part C, and any material on the SEC.	ested. Amendm changes from the	ents need only re information pre	eport the name of the eviously supplied in	e issuer and offerin Parts A and B. Part	g, any E and
Filing Fee: There is no federal fili	ng fee.					
State: This notice shall be used to indicat adopted ULOE and that have adopt where sales are to be, or have been amount shall accompany this form constitutes a part of this notice and	ed this form. Issuers relying on UI made. If a state requires the payme. This notice shall be filed in the must be completed.	LOE must file a sent of a fee as a pappropriate state	eparate notice wrecondition to the	vith the Securities A se claim for the exen	dministrator in each	n state proper
IT 1		TENTION	C 1 1		1 0 11	1. (1. 1
Failure to file notice in the ap appropriate federal notice wil filing of a federal notice.						

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years:	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of,	10% or more of a class of equity
securities of the issuer:	
Each executive officer and director of corporate issuers and of corporate general and managing patent Each general managing partner of partnership issuers.	rtners of partnership issuers; and
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer X Director	☐ General and/or
	Managing Partner
Full Name (Last name first, if individual)	Transacting I detector
Carp, Sidney	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1101 Dove Street, Suite 170, Newport Beach, California 92660	
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner X Executive Officer X Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	
Carp, Rita	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1101 Dove Street, Suite 170, Newport Beach, California 92660	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or
	Managing Partner
Full Name (Last name first, if individual)	
P. A. D. M. A. D. A. D. A. C.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or
Check Box(cs) that Apply. Frontocci Beneficial Owner Executive Officer Director	Managing Partner
Full Name (Last name first, if individual)	ivialiaging rathlet
an india (But hallo hitti)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
	·
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	☐ General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	☐ General and/or
	Managing Partner
Full Name (Last name first, if individual)	
Business or Basidanas Address (Number and Street City State 7in Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet as necess	arv.)
(and are and are and are an are	

		-]	B. INFO	RMATIC	<u>ON ABOU</u>	T OFFE	RING					
1. Has th	ne issuer	sold, or d	loes the is	suer inte Answ	nd to sell	l, to non-a 1 Appendi	ccredited	investors	in this of	fering?		•••••••••••••		Yes No X □
2. What	is the mi	nimum in	vestment	that will	be accep	ted from	any indivi	dual?			*************	• · • · • • • • • • • • • • • • • • • •	\$	10,000
														Yes No X □
4. Enter	the infor	mation re	quested f	or each p	erson wh	o has been	or will be	paid or g	iven. dire	ctly or in	directly, a	eny commi	ssio	n or similar
remut perso than f	neration f n or agen	or solicita t of a brol	ation of p ker or dea	urchasers ler regist	in conne ered with	ction with the SEC a	sales of sond/or with	ecurities i n a state o	n the offe r states, li	ring. If a st the nai	person to me of the	o be listed broker or c	is an deale	associated er. If more t broker or
Full Nam	ne (Last r	ame first	, if indivi	dual)						•		·		
	N/A													
Business			lress (Nu	mber and	1 Street, (City, State	, Zip Cod	e)						
Name of	Associat	ed Broke	r or Deal	er										
States in	Which P	erson Lis	ted has S	olicited o	or Intends	s to Solici	Purchase	· c				- 		
(Chec	k "All S	ates" or c	heck ind	ividual S		• • • • • • • • • • • • • • • • • • • •		···				• • • • • • • • • • • • • • • • • • • •	🖸	All States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nan	ne (Last 1	name first	, if indivi	dual)		<u></u>		·						
Business	or Resid	lence Ado	iress (Nu	ımber an	d Street,	City, State	, Zip Cod	e)						
Name of	Associal	ed Broke	r or Deal	er		,,							· · · ·	·
						s to Solici								
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
		name first			[01]	[[, ,,]		
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Business	or Resid	lence Ado	dress (N	umber an	d Street,	City, State	e, Zip Cod	le)						
Name of	Associa	ted Broke	er or Deal							, , , - , - , - , - , - , - , - , - , -				
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						s to Solic		es					П	All States
(Cile		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		, at June
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFEI	RING PRICE, NUMBER OF INVESTORS, EXPENSES AND	D USE OF PROC	CEEDS
1.	sold. Enter "O" if answer is	price of securities included in this offering and the total amount already "none" or "zero." If the transaction is an exchange offering, check this solumns below the amounts of the securities offered for exchange and		
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt		\$0-	<u> </u>
	Equity		\$0-	<u> </u>
		☐ Common ☐ Preferred		
	Convertible Securiti	es (including warrants)	\$0	<u> </u>
	Partnership Interests		\$0 -	\$0-
	Other (Specify <u>Und</u>	ivided Participating Interests in Mortgage Loan)	\$ 985,000	\$ 985,000
	Total		\$ 985,000	\$_985,000
		Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offering and the aggregate of the number of persons wh	ited and non-accredited investors who have purchased securities in this dollar amounts of their purchases. For offerings under Rule 504, indicate to have purchased securities and the aggregate dollar amount of their . Enter "0" if answer is "none" or "zero		
			Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investor	s	22	\$ 75,000
	Non-accredited Inve	estors	2	\$ 910,000
	Total (fo	or filings under Rule 504 only)	···	\$
		Answer also in Appendix, Column 4, if filing under ULOE.		
3.	sold by the issuer, to date,	ig under Rule 504 or 505, enter the information requested for all securities in offerings of the types indicated, in the twelve (12) months prior to the is offering. Classify securities by type listed in Part C-Question	Type of	Dollar Amount
	Type of Offering		Security	Sold
	Rule 505		0 -	\$0-
	Regulation A		0-	<u> </u>
	Rule 504		0-	<u> </u>
	Total		0-	<u> </u>
4	securities in this offering. The information may be gi	f all expenses in connection with the issuance and distribution of the Exclude amounts relating solely to organization expenses of the issuer, ven as subject to future contingencies. If the amount of an expenditure is mate and check the box to the left of the estimate.		
	Transfer Agent's F	ees		\$0-
	Printing and Engra	ving Costs		\$0
	Legal Fees			S - 0 -

\$_-0-

\$_-0-

\$ <u>-0-</u> \$ <u>-0-</u>

Engineering Fees

Sales Commissions (specify finders' fees separately)......

Other Expenses (identify)_____

Total

_	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPE	INSES AND LISE OF	DDOCEEDS
	b. Enter the difference between the aggreand total expenses furnished in response	gate offering price given in response to Part C -	Question I	
5.	each of the purposes shown. If the amou	gross proceeds to the issuer used or proposed to int for any purpose is not known, furnish an es. The total of the payments listed must equal the exponse to Part C. Question 4 habove	timate and	
		openio o raire e question vio abore.	Payments to Officers Directors & Affiliates	Payments To Others
	Salaries and fees			☐ \$ <u>-0-</u>
	Purchase of real estate			<u> </u>
	Purchase, rental or leasing and ins	stallation of machinery and equipment	\$ <u>-0-</u>	□ \$ <u>-0-</u>
	Construction or leasing of plant b	uildings and facilities		[] \$ <u>-0-</u>
	offering that may be used in exchi	ncluding the value of securities involved in this ange for the assets of securities of another		
	issuer pursuant to a merger)			
	Repayment of indebtedness			□ \$ <u>-0-</u>
	Working capital		\$ <u>-0-</u>	CJ \$ <u>-0-</u>
	Other (specify): Making loan to	barrower	\$ <u>-0-</u>	X \$ 985.000
	Column Totals			X \$ 985,000
	Total Payments Listed (column to	otals added	2	\$_985,000
		D. FEDERAL SIGNATUR	RE	
sig	nature constitutes an undertaking by the	e signed by the undersigned duly authorized sissuer to furnish to the U.S. Securities and E non-accredited investor pursuant to paragrap	Exchange Commission, ut	led under Rule 505, the following on written request of its staff, the
	ssuer (Print or Type)	Signature / / / / / / / / / / / / / / / / / / /	toop Da	е
	SURFSIDE FUNDING CORPORATION	Sidim Say	s	eptember 17, 2002
1	Name of Signer (Print or Type)	Title of Signer (Print or Type)		
	Sidney I. Carp	President		•

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Sidney I. Carp	President	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Surfside Funding Corporation	Juli Say	36ptember 17, 2002
Issuer (Print or Type)	Signature 4444	September 17, 2002

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to se to non-accr investors in (Part B-Iter	edited State	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I		
State	Yes	No	Undivided Participating Interests in Mortgage Loan	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA	Х			22	\$910,000	1	\$20,000		X		
СО											
СТ											
DE											
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МО	Х			0	0	1	\$55,000		X		
МТ		<u> </u>		<u></u>							

1	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualificat under State l (if yes, attacl explanation of waiver grant (Part E-llem					
State	Yes	No	Undivided Participating Interests in Mortgage Loan	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NE									
NV							,		
NH									
NJ									
NM									
NY									
NÇ									
ND									
ОН									
ОК									
OR						:			
PA									
RI									
SC									
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TX									
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VA									
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